

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: PEER-TO-PEER CLOUD-SPLIT DETECTION AND
REPAIR METHODS

Attorney Docket Number:: 223510

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

| | |
|---|---------------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | FRANCE |
| Status:: | Full Capacity |
| Given Name:: | Christian |
| Middle Name:: | |
| Family Name:: | Huitema |
| Name Suffix:: | |
| City of Residence:: | Clyde Hill |
| State or Prov. of Residence:: | Washington |
| Country of Residence:: | US |
| Street of mailing address:: | 9645 NE 32 nd Street |
| City of mailing address:: | Clyde Hill |
| State or Province of mailing address:: | Washington |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 98004 |

CORRESPONDENCE INFORMATION

| | |
|---------------------------------|-----------------|
| Correspondence Customer Number: | 38887 |
| Phone:: | (312) 616-5600 |
| Fax:: | (312) 616-5700 |
| E-mail Address:: | mail@leydig.com |

REPRESENTATIVE INFORMATION

| | |
|----------------------------------|-------|
| Representative Customer Number:: | 38887 |
|----------------------------------|-------|

Representative Designation::

Registration Number::

Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country::

Application Number::

Filing Date::

Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: Microsoft Corporation

Street of mailing address:: One Microsoft Way

City of mailing address:: Redmond

State or Province of
mailing address:: Washington

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 98052